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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/088106</b>		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/										
2		/						51			
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50								99			
TOTAL IND. <b>3</b>							TOTAL IND. <b>100</b>				
TOTAL DEP. <b>28</b>							TOTAL DEP. <b>100</b>				
TOTAL CLAIMS <b>31</b>							TOTAL CLAIMS <b>100</b>				

FO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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